

CITY OF WEST LAFAYETTE
2015 APPLICATION FOR REDUCED TRASH RATE

West Lafayette City Code Sec. 67.24(b) provides a reduced trash fee of \$8.00 per month to any qualifying head of household who has provided proof of eligibility each year. Please complete this application and return it to the Clerk-Treasurer. You will be contacted for verification of eligibility. **A new application must be filed for each calendar year to qualify for the reduced trash collection rate.** *Residences which are rentals are eligible if the qualifying head of household resides at the service address.*

Head of Household Name _____

Service Address in City _____
street number & street name

Billing Address (if different) _____

I am (check applicable): Household Size: _____

___ Over 65 years of age.

___ Permanently and totally disabled as determined by SSA.

I certify that the entire household yearly income, including social security benefits, railroad retirement, veteran's pensions and other nontaxable income (such as municipal bond interest) is at or below 150% of Federal Poverty Guidelines as determined by the United States Health and Human Services Guidelines, adjusted annually.

Under the penalties for perjury, I affirm that the foregoing information is true and correct.

Dated: _____ **Signed:** _____

Return in the enclosed envelope to: Clerk-Treasurer City of West Lafayette 711 W. Navajo St., West Lafayette, IN 47906

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2015 Federal Poverty Guidelines – 150%

Household Size	150%
1	\$17,655
2	23,895
3	30,135
4	36,375
5	42,615
6	48,855
7	55,095
8	61,335